

## **POV SHIPMENT DAMAGE**

# CLIENT LEGAL SERVICES DIVISION



## Military Claims Branch

<http://8tharmy.korea.army.mil/sja/clientlegalsvc/index.htm>



**DEPARTMENT OF THE ARMY**  
**HEADQUARTERS, EIGHTH UNITED STATES ARMY**  
**OFFICE OF THE STAFF JUDGE ADVOCATE**  
**UNIT #15237**  
**APO AP 96205-5237**

REPLY TO  
ATTENTION OF:

EAJA-LS

1 November 2009

**MEMORANDUM FOR CLAIMANTS AGAINST THE UNITED STATES GOVERNMENT**

**SUBJECT: Procedures for Filing Personnel Claims**

1. Welcome to the Client Legal Services Division, Korea. Enclosed are instructions and forms explaining how to file a claim against the United States for loss of or damage to your personal property.
2. It is unfortunate that you have suffered a loss or injury. The Goal of our Claims Department is to investigate and fairly settle your claim as quickly as possible, within the limits imposed by Congress and the Department of the Army. In order to process your claim in a timely manner, it is important that you read and carefully follow the enclosed instructions, that you carefully complete all applicable claims forms, and that you submit documentation to substantiate your claim.
3. A claims survey form is attached to this letter. We are genuinely interested in your comments regarding our service to you and welcome any suggestions for improvement. Please return this form at the time you file your claim. If you have additional comments at a later time, extra survey forms are available in our office.
4. The Claims Office is open Monday, Tuesday, Wednesday and Friday from 0900 to 1600. We are closed Thursday mornings from 0800 to 1300 for training. If you need assistance at any stage in the claims process, please do not hesitate to contact us at (02) 7918-8111 (commercial) or DSN 315-738-81111.

Encls  
as

**DOUG J. CHOI**  
**MAJ, JA**  
**Chief, Client Legal Services Division**

## CLAIM CHECKLIST CLAIM FOR POV DAMAGED DURING SHIPMENT

Claimant's Name: \_\_\_\_\_

Claimant's DEROS: \_\_\_\_\_

- \_\_\_\_\_ 1. DD Form 1842
  - \_\_\_\_\_ a. All required blocks completed (Blocks 1 -18)
  
- \_\_\_\_\_ 2. DD Form 1844
  - \_\_\_\_\_ List each repair (i.e. fender, grill, hood etc.) separately. DD Form 1844 should show each repair listed on the repair estimate.
  
- \_\_\_\_\_ 3. Repair estimate(s)
  
- \_\_\_\_\_ 4. Vehicle registration (USFK Form 207)
  
- \_\_\_\_\_ 5. DD Form 788 ( The Vehicle Processing Center's inspection sheet)
  
- \_\_\_\_\_ 6. PCS to Korea Orders
  
- \_\_\_\_\_ 7. Electronic Fund Transfer Worksheet
  
- \_\_\_\_\_ 8. Photographs of the damage
  
- \_\_\_\_\_ 9. Statute of Limitations met YES/NO (2 years)

### DOCUMENTATION IS NEEDED FOR THE FOLLOWING ITEM NUMBERS:

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**NOTE:** Loss or damage caused by a vehicles structural failure or mechanical defect is not payable. Without clear evidence indicating another cause, internal damage to the vehicle is presumed to result from a mechanical defect.

Any intentional perversion of the truth to obtain a more favorable payment (fraud) is a criminal act, which could lead to a reduced award and possible criminal charges.

If you have a private insurance policy that may cover all or part of your loss, you DO NOT HAVE TO FILE with your private insurance company. You MAY NOT be paid by both the Army and your private insurance company for the same damage. If you elect not to file against your private insurance, then you generally will have to accept the settlement of your claim with the Army as your full compensation. If you decide to file with your private insurance please include a copy of the settlement with this claim.

I understand the requirement to provide any **additional** documentation needed to the claims office **within 10 days** of the date of this checklist. I understand that after 15 days my claim will be processed for payment to the extent it is substantiated, or denied if no amount is meritorious.

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(Signature of Claimant)

---

(Date)

## SAMPLE

# CLAIM FOR LOSS OF OR DAMAGE TO PERSONAL PROPERTY INCIDENT TO SERVICE

## PART I - TO BE COMPLETED BY CLAIMANT (See back for Privacy Act Statement and Instructions.)

1. NAME OF CLAIMANT (Last, First, Middle Initial) Self Explanatory	2. BRANCH OF SERVICE Self Explanatory	3. RANK OR GRADE Self Explanatory	4. SOCIAL SECURITY NUMBER
5. HOME ADDRESS (Street, City, State and Zip Code) Self Explanatory		6. CURRENT MILITARY DUTY ADDRESS (If applicable) (Street, City, State and Zip Code) Self Explanatory	
7. HOME TELEPHONE NO. (Include area code)		8. DUTY TELEPHONE NO. (Include area code)	9. AMOUNT CLAIMED

10. CIRCUMSTANCES OF LOSS OR DAMAGE (Explain in detail. Include date, place, and all relevant facts. Use additional sheets if necessary.)

Pursuant to orders transferring me from \_\_\_\_\_ to \_\_\_\_\_, my POV was shipped from  
(previous duty station) (current duty station)

\_\_\_\_\_, on \_\_\_\_\_ to \_\_\_\_\_, I received my POV on \_\_\_\_\_.  
(City/State) (date picked up) (City/State) (date of delivery)

My e-mail address is \*\*\*@us.army.mil

11. DID YOU HAVE PRIVATE INSURANCE COVERING YOUR PROPERTY? (E.g., say "Yes" on a shipment or quarters claim if you had transit, renter's or homeowner's insurance; say "Yes" on a vehicle claim if you had vehicle insurance. Attach a copy of your policy.)	YES	NO
12. HAVE YOU MADE A CLAIM AGAINST YOUR PRIVATE INSURER? (If "Yes," attach a copy of your correspondence. If you have insurance covering your loss, you must submit a demand before you submit a claim against the Government.)		
13. HAS A CARRIER OR WAREHOUSE FIRM INVOLVED PAID YOU OR REPAIRED ANY OF YOUR PROPERTY? (If "Yes," attach a copy of your correspondence with the carrier or warehouse firm.)		
14. DID ANY OF THE CLAIMED ITEMS BELONG TO THE GOVERNMENT OR TO SOMEONE OTHER THAN YOU OR YOUR FAMILY MEMBER? (If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)		
15. WERE ANY OF THE CLAIMED ITEMS ACQUIRED OR HELD FOR SALE, OR ACQUIRED OR USED IN A PRIVATE PROFESSION OR BUSINESS? (If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)		

16. UNDER PENALTY OF LAW, I DECLARE THE FOLLOWING AS PART OF SUBMITTING MY CLAIM:  
 If any missing items for which I am claiming are recovered, I will notify the office paying this claim. (For shipment claims.) Missing items were packed by the carrier; they were owned prior to shipment but not delivered at destination; after my property was packed, I/my agent checked all rooms in my dwelling to make sure nothing was left behind.  
 I assign to the United States any right or interest I have against a carrier, insurer, or other person for the incident for which I am claiming; I authorize my insurance company to release information concerning my insurance coverage.  
 I authorize the United States to withhold from my pay or accounts for any payments made to me by a carrier, insurer, or other person to the extent I am paid on this claim, and for any payment made on this claim in reliance on information which is determined to be incorrect or untrue. I have not made any other claim against the United States for the incident for which I am claiming. I understand that if any information I provide as part of my claim is false, I can be prosecuted.

17. SIGNATURE OF CLAIMANT (or designated agent) ***You or your agent, Authorized with a power of attorney, must sign***	18. DATE SIGNED (YYYYMMDD)
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## PART II - CLAIMS APPROVAL (To be completed by Claims Office)

19. PROCEDURE (X one)	20. AMOUNT AWARDED. The claim is cognizable and meritorious under 31 U.S.C. 3721; the claimant is a proper claimant; the property is reasonable and useful; the loss has been verified in accordance with applicable procedures as prescribed by the controlling departmental regulation; and the following award is substantiated:	\$
<input type="checkbox"/> a. SMALL CLAIMS <input type="checkbox"/> b. REGULAR CLAIMS		
21. SIGNATURES (Signatures at a and c not required if small claims procedure is utilized)		
a. CLAIMS EXAMINER	b. DATE SIGNED (YYYYMMDD)	c. REVIEWING AUTHORITY
		d. DATE SIGNED (YYYYMMDD)
e. TYPED NAME AND GRADE OF APPROVING AUTHORITY		g. DATE SIGNED (YYYYMMDD)
		f. SIGNATURE OF APPROVING AUTHORITY

# SAMPLE

## PRIVACY ACT STATEMENT

**AUTHORITY:** 31 U.S.C. 3721, and EO 9397, November 1943 (SSN).

**PRINCIPAL PURPOSE(S):** Filing, investigation, processing and settlement of claims for losses incident to service.

**ROUTINE USES:**

a. Information is principally used to provide a legal basis for the administrative payment of claims against the Government. Information is also used in connection with:

- (1) Recovery from common carriers, warehouse firms, insurers and other third parties.
- (2) Collection from claimants of improper payments or overpayments.
- (3) Investigation of possible fraudulent claims.
- (4) Possible criminal prosecution by the Department of Justice or other agencies if fraud is established.

b. Social Security Numbers are used to assure correct identification of claimants in order to assure payment to the proper claimant and avoid duplication of claims.

**DISCLOSURE:** Voluntary; however, failure to supply information will cause delay in settlement and may result in denial of a portion or all of the claim.

## INSTRUCTIONS TO CLAIMANTS

1. You must submit your claim in writing within two years of the date of the incident giving rise to the claim. This two year time limitation may not be waived.

2. The claimant or an authorized agent must complete and sign Part I of this form, answering all questions. If the claim is signed by an agent (*such as a spouse*) or a survivor of a deceased proper claimant, that person must have a document showing his or her authority to present the claim, such as a power of attorney, etc.

3. If the claim is for property lost or damaged while being shipped or stored pursuant to travel orders, submit copies of your orders and all shipping documents, including your inventory and your "Joint Statement of Loss or Damage at Delivery/Notice of Loss or Damage," DD Forms 1840/1840R. If you notice damage after delivery, you must complete the DD Form 1840R and get it to the Claims Office within 70 days after delivery.

4. You may obtain further information from a Claims Office.

5. You are entitled to claim the following:

a. Reasonable local repair cost, if an item can be economically repaired. (*You may claim small amounts without an estimate. Otherwise, submit an estimate of repair from a repair firm or, if repairs have been completed, your receipt. The claims office may waive this in appropriate cases.*)

b. Reasonable local replacement cost if an item is missing, destroyed, or not economic to repair. (*Replacement costs may be obtained from commercial catalogs or a military exchange. If you cannot find the item in a catalog or the exchange and the cost is more than \$100.00, obtain a statement from a commercial firm for the cost of a similar item. If you have purchase receipts, bring these to the Claims Office as well.*)

c. Reasonable cost of obtaining local estimates of repair, if the cost of such estimates will not be credited if repair work is done. (*Normally, you may not claim appraisal fees.*)

## PART III - DENIAL OR SUPPLEMENTAL PAYMENT (*To be completed by Claims Office*)

**23. DENIAL (*X if applicable*)**

The claim is not cognizable or meritorious under 31 U.S.C. 3721 and the applicable provisions of the controlling departmental regulation, and is denied.

**24. SUPPLEMENTAL PAYMENT (*X and complete if applicable*)**

The claim is cognizable and meritorious under 31 U.S.C. 3721, and the following additional award is substantiated:

\$

**25. SIGNATURES**

a. CLAIMS EXAMINER

b. DATE SIGNED  
(YYYYMMDD)

c. REVIEWING AUTHORITY

d. DATE SIGNED  
(YYYYMMDD)

**26. APPROVING/SETTLEMENT AUTHORITY (*Settlement Authority is required for denial.*)**

a. TYPED NAME

b. GRADE

b. SIGNATURE

c. DATE SIGNED  
(YYYYMMDD)



CLAIM FOR LOSS OF OR DAMAGE TO PERSONAL PROPERTY INCIDENT TO SERVICE			
PART I - TO BE COMPLETED BY CLAIMANT (See back for Privacy Act Statement and Instructions.)			
1. NAME OF CLAIMANT (Last, First, Middle Initial)	2. BRANCH OF SERVICE	3. RANK OR GRADE	4. SOCIAL SECURITY NUMBER
5. HOME ADDRESS (Street, City, State and Zip Code)		6. CURRENT MILITARY DUTY ADDRESS (If applicable) (Street, City, State and Zip Code)	
7. HOME TELEPHONE NO. (Include area code)	8. DUTY TELEPHONE NO. (Include area code)	9. AMOUNT CLAIMED	
10. CIRCUMSTANCES OF LOSS OR DAMAGE (Explain in detail. Include date, place, and all relevant facts. Use additional sheets if necessary.)			
<p>Pursuant to orders transferring me from _____ to _____, my POV was shipped from            (previous duty station) (current duty station)</p> <p>_____, on _____ to _____. I received my POV on _____.            (City/State) (date picked up) (City/State) (date of delivery)</p> <p>My e-mail address is _____</p>			
11. DID YOU HAVE PRIVATE INSURANCE COVERING YOUR PROPERTY? (E.g., say "Yes" on a shipment or quarters claim if you had transit, renter's or homeowner's insurance; say "Yes" on a vehicle claim if you had vehicle insurance. Attach a copy of your policy.)			YES NO
12. HAVE YOU MADE A CLAIM AGAINST YOUR PRIVATE INSURER? (If "Yes," attach a copy of your correspondence. If you have insurance covering your loss, you must submit a demand before you submit a claim against the Government.)			
13. HAS A CARRIER OR WAREHOUSE FIRM INVOLVED PAID YOU OR REPAIRED ANY OF YOUR PROPERTY? (If "Yes," attach a copy of your correspondence with the carrier or warehouse firm.)			
14. DID ANY OF THE CLAIMED ITEMS BELONG TO THE GOVERNMENT OR TO SOMEONE OTHER THAN YOU OR YOUR FAMILY MEMBER? (If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)			
15. WERE ANY OF THE CLAIMED ITEMS ACQUIRED OR HELD FOR SALE, OR ACQUIRED OR USED IN A PRIVATE PROFESSION OR BUSINESS? (If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)			
<p>16. UNDER PENALTY OF LAW, I DECLARE THE FOLLOWING AS PART OF SUBMITTING MY CLAIM:</p> <p>If any missing items for which I am claiming are recovered, I will notify the office paying this claim. (For shipment claims.) Missing items were packed by the carrier; they were owned prior to shipment but not delivered at destination; after my property was packed, I/my agent checked all rooms in my dwelling to make sure nothing was left behind.</p> <p>I assign to the United States any right or interest I have against a carrier, insurer, or other person for the incident for which I am claiming; I authorize my insurance company to release information concerning my insurance coverage.</p> <p>I authorize the United States to withhold from my pay or accounts for any payments made to me by a carrier, insurer, or other person to the extent I am paid on this claim, and for any payment made on this claim in reliance on information which is determined to be incorrect or untrue. I have not made any other claim against the United States for the incident for which I am claiming. I understand that if any information I provide as part of my claim is false, I can be prosecuted.</p>			
17. SIGNATURE OF CLAIMANT (or designated agent)			18. DATE SIGNED (YYYYMMDD)
PART II - CLAIMS APPROVAL (To be completed by Claims Office)			
19. PROCEDURE (X one)	20. AMOUNT AWARDED. The claim is cognizable and meritorious under 31 U.S.C. 3721; the claimant is a proper claimant; the property is reasonable and useful; the loss has been verified in accordance with applicable procedures as prescribed by the controlling departmental regulation; and the following award is substantiated:		\$
a. SMALL CLAIMS			
b. REGULAR CLAIMS			
21. SIGNATURES (Signatures at a and c not required if small claims procedure is utilized)			
a. CLAIMS EXAMINER	b. DATE SIGNED (YYYYMMDD)	c. REVIEWING AUTHORITY	d. DATE SIGNED (YYYYMMDD)
e. TYPED NAME AND GRADE OF APPROVING AUTHORITY		f. SIGNATURE OF APPROVING AUTHORITY	g. DATE SIGNED (YYYYMMDD)

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1. You must submit your claim in writing within two years of the date of the incident giving rise to the claim. This two year time limitation may not be waived.

2. The claimant or an authorized agent must complete and sign Part I of this form, answering all questions. If the claim is signed by an agent (*such as a spouse*) or a survivor of a deceased proper claimant, that person must have a document showing his or her authority to present the claim, such as a power of attorney, etc.

3. If the claim is for property lost or damaged while being shipped or stored pursuant to travel orders, submit copies of your orders and all shipping documents, including your inventory and your "Joint Statement of Loss or Damage at Delivery/Notice of Loss or Damage," DD Forms 1840/1840R. If you notice damage after delivery, you must complete the DD Form 1840R and get it to the Claims Office within 70 days after delivery.

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b. Reasonable local replacement cost if an item is missing, destroyed, or not economic to repair. (*Replacement costs may be obtained from commercial catalogs or a military exchange. If you cannot find the item in a catalog or the exchange and the cost is more than \$100.00, obtain a statement from a commercial firm for the cost of a similar item. If you have purchase receipts, bring these to the Claims Office as well.*)

c. Reasonable cost of obtaining local estimates of repair, if the cost of such estimates will not be credited if repair work is done. (*Normally, you may not claim appraisal fees.*)

## PART III - DENIAL OR SUPPLEMENTAL PAYMENT (*To be completed by Claims Office*)

<b>23. DENIAL (<i>X if applicable</i>)</b> The claim is not cognizable or meritorious under 31 U.S.C. 3721 and the applicable provisions of the controlling departmental regulation, and is denied.		<b>24. SUPPLEMENTAL PAYMENT (<i>X and complete if applicable</i>)</b> The claim is cognizable and meritorious under 31 U.S.C. 3721, and the following additional award is substantiated: \$	
<b>25. SIGNATURES</b>			
a. CLAIMS EXAMINER	b. DATE SIGNED (YYYYMMDD)	c. REVIEWING AUTHORITY	d. DATE SIGNED (YYYYMMDD)
<b>26. APPROVING/SETTLEMENT AUTHORITY (<i>Settlement Authority is required for denial.</i>)</b>			
a. TYPED NAME	b. GRADE	b. SIGNATURE	c. DATE SIGNED (YYYYMMDD)

1. NAME OF CLAIMANT (Last, First, Middle Initial) Self Explanatory				3. PICK-UP DATE (YYYYMMDD)				LIST OF PROPERTY AND CLAIMS ANALYSIS CHART (Items 14 through 31 to be filled out by Claims Office)																			
2. CLAIMANT'S INSURANCE COMPANY (If applicable)				4. DELIVERY DATE (YYYYMMDD)				14. ORIGIN CONTRACTOR		17. 2ND CONTRACTOR		21. CLAIM NUMBER		22. NET WT/MAX CAR LIABLE													
a. NAME				b. POLICY NO.				9. ORIGINAL COST		11. AMOUNT CLAIMED a. Repair Cost b. Replace- ment Cost		15. INVENTORY DATE (YYYYMMDD)		18. EXCEPTION SHEET DATE (YYYYMMDD)		23. GBL NUMBER		24. LOT NUMBER									
5. 6. 7. LOST OR DAMAGED ITEMS (Describe the item fully, including brand name, model and size. List the nature and extent of damage. If missing, state "MISSING.")				8. INV NO.				10. MM/YYYY PURCHASED				19. EXCEPTIONS		20. EXCEPTIONS		25. AMOUNT ALLOWED		26. ADJUDICATOR'S REMARKS		27. ITEM WT		28. HOUSE LIABILITY		29. CARRIER LIABILITY			
								2,000.00																			
1	1		Dent in trunk lid					400.00																			
2	1		Dent in right front door																								
3	1		Paint off of trunk lid and left driver side door					140.00																			
			Repair estimate					50.00																			
12. REMARKS				13. TOTAL				\$ 1230.00				30. TOTAL AMOUNT ALLOWED				\$				31. THIRD PARTY LIABILITY				\$			





# ELECTRONIC FUND TRANSFER WORKSHEET

## PAYEE INFORMATION

NAME (Last, First, Middle Initial): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Telephone Number (DSN or COMM): \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

## FINANCIAL INSTITUTION INFORMATION

NAME: \_\_\_\_\_

Address: \_\_\_\_\_

9-digit Routing Number: \_\_\_\_\_

Depositor Account Number: \_\_\_\_\_

Type of Account: ☐ Checking ☐ Savings

Claimant Signature: \_\_\_\_\_

## PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act of 1974 (P. L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C 3322 and 31 C.F.R. 210. This information will be used by the Treasury Department to transmit payment data by electronic means to vendor's or individual's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

## **PARTIAL LISTING OF REPAIR SHOPS**

The Client Legal Service-Claims Division has prepared this as a service to USFK Personnel. It is intended as a partial listing only. Listing of a firm does not constitute an endorsement of its products or services by the U.S. Government or the Client Legal Service-Claims Division. Exclusion of a firm from this list does not imply that such a firm is unreliable or should not be used. All phone numbers listed are off-post Korean civilian numbers unless otherwise noted. If you find any errors in the listings below or if you are aware of any additional firms performing any of the services listed, please let our office know.

### **AUTOMOTIVE REPAIR**

AUTO Craft Shop  
TEL: DSN 738-5315/ 5042

Dunlop Body/Repair  
TEL: COMM 794-4345

Youngjin Auto Glass  
(Windshield/Glass only)  
TEL: COMM 793-1990/795-6144

### **COMPUTERS/TYPEWRITERS/ OFFICE MACHINE**

Chin Han Repair Shop  
TEL: COMM 749-0692  
CELL: 010-6216-5043

Jonny Computer  
TEL: COMM 790-8839

Computer repair shop in Gallery  
DSN: 723-4030  
Bldg # 2209

### **FUR/LEATHER/SUEDE**

Mimi Dry-cleaning  
TEL: COMM 793-1879/790-9843

### **FURNITURE REPAIR**

Chin Han Repair Shop  
TEL: COMM 749-0692  
CELL: 010-6216-5043

### **GRANDFATHER CLOCKS**

Chin Han Repair Shop  
TEL: COMM 749-0692  
CELL: 010-6216-5043

### **MUSICAL INSTRUMENTS**

Chin Han Repair Shop  
TEL: COMM 749-0692  
CELL: 010-6216-5043

Yamaha Piano Service Center  
TEL: COMM 396-4141

### **GENERAL ELECTRONIC ITEMS REPAIR**

AAFES Appliance Repair Shop  
TEL: DSN 723-4117





**MPS**

**HQ, Eighth United States Army  
Office of the Staff Judge Advocate  
ATTN: Chief, Military Claims  
Unit #15237  
APO AP 96205-5237**